

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

WILLIAM F. DAVIS, III

04-209-SLR

DEFENDANT

TYPE OF PROCESS

FIRST CORRECTIONAL MEDICAL, ET AL

O/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Dr. ROBINSON / FIRST CORRECTIONAL MEDICAL

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

TUCSON, ARIZONA 85704

AT

First Correctional medical 6661 North Oracle Road

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

WILLIAM DAVIS III
1181 PAPPOCK ROAD
DELAWARE CORRECTIONAL CENTER
SMYRNA, DE. 19977

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Proper Case

Signature of Attorney or other Originator requesting service on behalf of:

William F. Davis, III

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

N/A

DATE

4/6/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

FILED

MAY 24 2006

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am pm

Signature of U.S. Marshal or Deputy

BR

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Fcm does not accept service for individuals,
only Fcm. Ret Unexecuted.